



DE 14-274

Knollwood Energy of MA LLC
PO Box 30
Chester, New Jersey 07930

October 2, 2014

NHPUC 7OCT'14M11:52

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the William Wyatt system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Solar Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

William Wyatt
242 Pleasant Street
Antrim, NH 03440
603-831-0853
WCWyatt2@gmail.com

The Nepool GIS ID # for this facility is: NON43305. Also enclosed are the Simplified Process Interconnection Application and the Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration.

Alane Lakritz

Alane Lakritz
President
Knollwood Energy of MA LLC
862-432-0259
Alane@KnollwoodEnergy.com

Enclosures (3)



State of New Hampshire
Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II

SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to: **Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission**
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

☐ Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I Class II x Check here X if this facility part of an aggregation.
If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

☐ Provide the following information for the owner of the PV system.

Applicant Name William Wyatt Email wcwyatt2@gmail.com
Address 242 Pleasant Street City Antrim State NH Zip 03440
Telephone 603-831-0853 Cell _____

☐ For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell _____
Email address: _____

☐ Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	80	Sun Edison F265	other		
Inverter	80	Enphase m250	other		
meter	1	AEE Solar CL200 204V 3W	other		

☐ A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.

☐ For PSNH customers, both the Simplified Process Interconnection Application and Exhibit B - Certificate of Completion are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)?

20 kw AC.

What was the initial date of operation (the date your utility approved the facility)?

7/29/2014.

☐ Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name SunRay Solar Contact Michael Fay License # (if applicable) _____
 Address 249 London Road City Concord State: NH Zip 03301
 Telephone 603-225-6001 email Michael@spreadthesunshine.com
 If the equipment was installed directly by the customer, please check here:

☐ Provide the name and contact information of the equipment vendor.

X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____
 Address _____ City _____ State _____ Zip _____

Telephone _____ email _____

☐ If an independent electrician was used, please provide the following information.

Electrician's Name Shawn Marrel License # 13363M
Business Name SunRay Solar LLC Email marrel@inby.com
Address 79 Fish Hatchery City Richmond State NH Zip 03470

☐ Provide the name of the independent monitor for this facility. (A list of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Thomas Kelly Natural Capital LLC

Is the facility certified under another state's renewable portfolio standard? yes no_x

If "yes", then provide proof of the certification as **Attachment C**.

- Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.
- In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:

James Webb

Registry Administrator, APX Environmental Markets

224 Airport Parkway, Suite 600, San Jose, CA 95110

Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON 2/3305 Asset ID # NON 4/3305

☐ Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.

☐ The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature

Alane Lakritz

Date

9/24/14

Applicant's Printed Name

Alane Lakritz

Subscribed and sworn before me this

24

Day of

September

(month) in the year

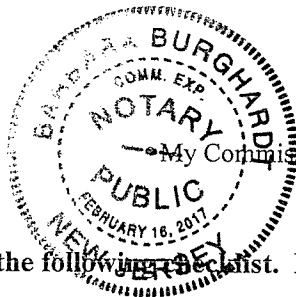
2014

County of

Morris

State of

New Jersey



Barbara Burghard
Notary Public/Justice of the Peace

My Commission Expires

2/16/2017

☐ Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA <u>and</u> Exhibit B – Certification of Completion for Simplified Process Interconnection.	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	X

*Usually included in the interconnection agreement.

☐ If the application has been prepared by someone other than the applicant, complete the following.
If the application was prepared by the applicant, check here and skip this section.

PREPARER'S INFORMATION

Preparer's Name Alane Lakritz Email address: alane@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 862-432-0590 Cell _____

Preparer's Signature: Alane Lakritz

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

PSNH Application Project ID#: N2961

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): William Wyatt

Contact Person, if Company: _____

Mailing Address: 242 Pleasant St

City: Anteim

State: NH

Zip Code: 03440

Telephone (Daytime): (603) 831-0853

(Evening): _____

Facsimile Number: _____

E-Mail Address: wcwyatt2@gmail.com

Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):

Name: SunRay Solar LLC

Mailing Address: 249 Loudon Rd

City: Concord

State: NH

Zip Code: 03301

Telephone (Daytime): (603) 225-6001

(Evening): _____

Facsimile Number: _____

E-Mail Address: Duke@SpreadtheSunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: Radant Electric

Mailing Address: 34 Old Bye Road

City: Raymond

State: NH

Zip Code: 03077

Telephone (Daytime): (603) 294-2257

(Evening): _____

Facsimile Number: _____

E-Mail Address: Glyn@radantelectric.com

Facility Site Information:

Facility (Site) Address: 242 Pleasant St

City: Anteim

State: NH

Zip Code: 03440

Electric

Service Company: PSNH

Account Number: 5665390002

Meter Number: W68133775

Account and Meter Number: Please consult an actual PSNH electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the PSNH Work Request number.

PSNH Work Request # 2332126

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____

Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Enphase ✓ Model Name & Number: M250 ✓ Quantity: 80 ✓
Nameplate Rating: 250 (kW) 21.2 (kVA) (AC Volts) Phase: Single ☒ Three ☐
Nameplate Rating: The AC Nameplate rating of the individual inverter.
System Design Capacity: 21.2 (kW) (kVA) Battery Backup: Yes ☐ No ☒
System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.

✓ Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐
✓ Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____
✓ Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
Yes ☒ No ☐

✓ The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

✓ Yes ☒ No ☐ THERE WAS NO EXTERNAL AC DISCONNECT INSTALLED
✓ Location of External Manual Disconnect Switch: Next to utility meter
AT THE TIME OF WITNESS TEST, SOLAR DEVELOPER WILL
INSTALL REQUIRED DX WITHIN NEXT SEVERAL DAYS.
Project Estimated Install Date: 5/20 Project Estimated In-Service Date: 6/29

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions for Simplified Process Interconnections attached hereto:

Customer Signature: [Signature] Title: OWNER Date: 4/29/14

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the PSNH meter socket. Applications without such a diagram may be returned.

For PSNH Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☒ No ☐ To be Determined ☐ REFERENCE WL # 2332126

Company Signature: [Signature] Title: SR. ENGINEER Date: 8-8-14

RECEIVED
AUG n 5 2014
SESD

Public Service Company Of New Hampshire
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer or Company Name (print): William Wyatt

Contact Person, if Company: _____

Mailing Address: 242 Pleasant St

City: Antrim State: NH Zip Code: 03440

Telephone (Daytime): (603) 831-0853 (Evening): _____

Facsimile Number: _____ E-Mail Address: wcwyatt2@gmail.com

Facility Information:

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Shawn Marvel

Mailing Address: 108 Sunapee St #C

City: Newport State: NH Zip Code: 03773

Telephone (Daytime): (603) 209-4364 (Evening): _____

Facsimile Number: _____ E-Mail Address: marvel@inbx.com

License number: 13363 M

Date of approval to install Facility granted by the Company: _____

PSNH Application ID number: #N. 2961

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

City: Antrim County: Hillsborough

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: Dario A. Carra

Name (printed): DARIO A. CARARA Date: July 29, 2014

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.

Customer Signature: _____

As a condition of interconnection you are required to send/fax a copy of this form to :

Public Service Company of New Hampshire
Supplemental Energy Sources Department
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2449